



PATIENT INFORMATION

Patient Name: _____ DOB: _____ Gender: M F
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____ Ht: _____ Wt: _____
Please Attach: Insurance cards History & Physical Most recent labs Medication list
 NKDA Allergies: _____

PRESCRIBER INFORMATION

Ordering Provider Name: _____
Provider NPI: _____ Phone: _____ Fax: _____
Practice Address: _____ City: _____ State: _____ ZIP: _____

REQUIRED INFORMATION

Documentation:
 Recent clinical and/or office visit notes supporting primary diagnosis
 Labs: HIV testing result required prior to each dose

MEDICATION ORDERS

ICD-10 Diagnosis Codes: Z29.81 (Encounter for HIV pre-exposure prophylaxis) Other: _____

New to Therapy Continuation of Therapy: Date of last dose (if applicable): _____

DOSING/FREQUENCY:

- Initiation: Day 1: 927 mg by subcutaneous injection (2 x 1.5 ml injections)
AND
600 mg orally (2 x 300 mg tablets) TO BE TAKEN AT HOME
 Day 2: 600 mg orally (2 x 300 mg tablets) TO BE TAKEN AT HOME
 Maintenance: 927 mg by subcutaneous injection (2 x 1.5 mL injections)
every 6-months (26 weeks) from the date of the last injection +/-2 weeks
 Refills: _____ (if not indicated prescription will expire one year from date signed)

Sage Infusion Standing Orders:

Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

Provider Name _____ Provider Signature _____ Date _____

Fax Number

- Brandon: (656) 218-9643 Ocala: (352) 565-5228 The Villages Brownwood: (352) 450-3080
 Clearwater: (727) 977-9717 Orlando: (407) 792-6558 The Villages Lake Sumter: (352) 565-5553
 Fort Myers: (239) 533-5962 Sarasota: (941) 413-3280 The Villages Spanish Springs: (352) 810-3536
 Gainesville: (352) 450-8886 St. Petersburg: (727) 977-8836 Venice: (941) 337-0779
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